

# Recertification Application

**Note: This application cannot be processed until OSMBA receives this completed application and the required documents listed on the Check-Off List.**

Please provide the following information:

## 1. Business Information

Federal Employer I.D. Number \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_  
Street PO Box

City State Zip Code

Mailing Address \_\_\_\_\_  
Street PO Box

City State Zip Code

County Telephone Fax

Contact Person Title

Email \_\_\_\_\_

## 2. Legal Structure (check one)

\_\_\_\_ Sole Proprietorship      \_\_\_\_ Partnership  
\_\_\_\_ Corporation              \_\_\_\_ Joint Venture

Date business Started \_\_\_\_\_ Date Incorporated \_\_\_\_\_

## 3. Type of Business (check one)

\_\_\_\_ Manufacturing              \_\_\_\_ Service  
\_\_\_\_ Broker                      \_\_\_\_ Construction  
\_\_\_\_ Distributing              \_\_\_\_ Other \_\_\_\_\_  
(please specify)

## 4. This company is applying for certified status as a:

\_\_\_\_ Minority Owned Business (MBE)      \_\_\_\_ Woman Owned Business (WBE)

**5. Minority Status of Owner(s)** (check one)  African American  Asian  Hispanic  
 Aleut  Native Hawaiian  Native American  Eskimo  East Indian  
 Caucasian Female  Pacific American

**6. Citizenship Status of Minority Owner(s)** (check one)  
 United States  Other (explain in attachments)

**7. Is your company bonded?**  yes  no  
 Bonding carrier \_\_\_\_\_ Capacity \$ \_\_\_\_\_

**8. Business References**

Name	Address	City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9. Indicate product information (commodities your business sells)** (Please be specific)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. Indicate services your business offers** (Attach additional information if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. Indicate number of years firm has been in business under present name** \_\_\_\_\_

**Ownership of Firm** Identify those who own 5% or more of the firm. Attach list of others if necessary.

Name	Race	Sex	Years of Ownership	Ownership%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Identify any owner or management official of the named business who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named business. Present business relationships (Affidavits) include shared space, equipment, financing, or employees, as well as businesses having some of the same owners. Attach a list and explain relationship.

Describe or attach a copy of any stock options or other ownership options that are outstanding and any agreements between owners and third parties that restrict or control minority owners.

12. Are you Certified 8(a) by the U.S. Small Business Administration \_\_ yes \_\_ no  
Certified by the S.C. Department of Transportation \_\_ yes \_\_ no

13. How many employees do you currently have on Payroll?

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

14. What geographical area do you serve? \_\_\_\_\_

15. State your company's present net worth \$ \_\_\_\_\_

16. List the type of equipment owned by your company \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Where is the equipment stored? \_\_\_\_\_

**Control of Firm:** Identify by name, race, sex, and title those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision-making, including but not limited to those with prime financial responsibility for:

**18. Financial Decisions**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For each person listed under **Financial Decisions**, provide a brief summary of the person's experience and number of years with the firm, indicating the person's qualifications for the responsibility given to him or her. Attach list and explain.

**19. Management Decisions**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**20. Marketing and Sales**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**21. Hiring and Firing of Management Personnel**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**22. Purchase of Major Items or Supplies**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**23. Supervising (field operations)**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**24. Are you licensed to do business in South Carolina as well as locally, including all business licenses?**

\_\_\_\_ yes      \_\_\_\_ no

**25. Indicate if this firm or any other firms with the same officers have previously received or been denied certification. If so, attach a copy of Notice of Certification or describe the circumstances of the denial.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE OF SMALL AND MINORITY BUSINESS ASSISTANCE**  
**CHECKLIST FOR RECERTIFICATION MATERIAL**

Any firm desiring to be certified as a minority firm must complete the attached application package and submit the following documents:

1. A copy of incorporation papers or partnership agreement (if applicable);
2. Copies of business licenses; (if applicable);
3. MMO Vendor Registration Application online at:  
<https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do>  
(please provide copy of online confirmation)
4. A copy of personal financial statement for the last two (2) years and a copy of the personal financial statement on each owner;
5. Copy of tax records for the past three (3) years (Corporate and personal);
6. Copies of issued stock certificates - from inception and numerical order; and
7. Completed, signed, and notarized Affidavit.

The documents requested above must be returned to the following address:

Office of Small and Minority Business Assistance  
Edgar A. Brown Building, Suite 453-C  
1205 Pendleton Street  
Columbia, South Carolina 29201

Telephone: 803.734.5010

**Revised: January 2, 2015**

**AFFIDAVIT**

I, \_\_\_\_\_, attest that the foregoing statements are true  
(your name)

And correct and include all material information necessary to identify and explain the operations of \_\_\_\_\_ as well as the ownership thereof.  
(name of firm)

Any materials misrepresented will be grounds for terminating any contract that may be awarded and for initiating action under laws concerning false statements.

Signature \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Corporate Seal (where appropriate)

Date \_\_\_\_\_  
State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ before me appeared  
(day) (month) (year)  
\_\_\_\_\_ to me personally known, who, being duly sworn,  
(name)

Did execute the foregoing affidavit, and did state that he or she was properly authorized

By \_\_\_\_\_ to execute the affidavit and did so as his or  
(name of firm)

Her free act and deed.

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

**(SEAL)**



**PERSONAL FINANCIAL STATEMENT**

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks .....	\$ _____	Accounts Payable .....	\$ _____
Savings Accounts .....	\$ _____	Notes Payable to Banks and Others .....	\$ _____
IRA or Other Retirement Account .....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable .....	\$ _____	Installment Account (Auto) .....	\$ _____
Life Insurance-Cash Surrender Value Only .....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other) .....	\$ _____
Stocks and Bonds .....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance .....	\$ _____
Real Estate .....	\$ _____	Mortgages on Real Estate .....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value .....	\$ _____	Unpaid Taxes .....	\$ _____
Other Personal Property .....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities .....	\$ _____
Other Assets .....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities .....	\$ _____
<b>Total</b> .....	\$ _____	Net Worth .....	\$ _____
		<b>Total</b> .....	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
Real Estate Income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Description of Other Income in Section 1.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**